

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10645131  
APPLICANT(S)

FILED DATE 08-21-03

BEST AVAILABLE COPY

| ALL FILED    |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     | CLAIMS |     |
|--------------|-----|---------------------|-----|---------------------|-----|--------|-----|
| NO           | DEP | NO                  | DEP | NO                  | DEP | NO     | DEP |
| 1            |     |                     |     |                     |     |        |     |
| 2            |     |                     |     |                     |     |        |     |
| 3            |     |                     |     |                     |     |        |     |
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| 98           |     |                     |     |                     |     |        |     |
| 99           |     |                     |     |                     |     |        |     |
| 100          |     |                     |     |                     |     |        |     |
| TOTAL NO.    | 5   | 4                   | 4   |                     |     |        |     |
| TOTAL DEP.   | 12  | 13                  | 13  |                     |     |        |     |
| TOTAL CLAIMS | 17  | 17                  | 17  |                     |     |        |     |